This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01-26-07</u>	Address:	4838 S CR 950W
Case #:	34-32253		French Lick
County:	Orange .		<u>In. 47432</u>
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open alr, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): garage			
Red Phosphorous/Iodine Reaction(s):			
∑ Flammable Solvents: garage			
Water Reactive Metal (Lithium): garage			
✓ Anhydrous Ammonia: garage			
☐ Hydrochloric Acid Gas Generator(s): outside			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: French Lick VFD	Fax:	·
Health Department: Orange Co.		Fax: <u>(812)</u> Fax:	
Child Protection Service:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Magill Phone (812) 482-1441			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.